FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00058818 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Evelina NAME Date Received **ELECTRONICALLY FILED** 01/15/2025 NICKNAME LAST **SUFFIX** Lina Ortega CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 1201 Cincinnati Ave. MAILING Amount Receipt # **ADDRESS** Change of Address El Paso, TX 79902 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Evelina NAME NICKNAME LAST **SUFFIX** Lina Ortega **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER** 1201 Cincinnati Ave **ADDRESS** (Residence or Business) El Paso, TX 79902 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (915) 373-1172 **PHONE** REPORT **TYPE** January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR) 8th day before election Exceeded modified July 15 reporting limit **PERIOD** Month Day Year Month Day Year

07/01/2024

Day

OFFICE HELD (if any)

Month

ELECTION DATE

Year

State Representative District 77 El Paso

COVERED

10 ELECTION

11 OFFICE

THROUGH

Primary

General

12/31/2024

12 OFFICE SOUGHT (if known)

Other

ELECTION TYPE

Runoff

Special

None

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 8

13 C / OH NAME	Ortega, Evelina (The	Honorable)	14 Filer ID 00058818	(Ethics Commission Filers)					
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder. These expenditures may have been made without the candidate's or office consent. Candidates and officeholders are required to report this information only if they receive no								
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME							
Ш	GENERAL GENERAL								
		COMMITTEE ADDRESS							
	SPECIFIC								
		COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS						
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00					
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 0.00					
EXPENDITURE TOTALS	3. TOTAL UNITEM	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES							
	4. TOTAL POLITIC		\$ 8,550.00						
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AST DAY OF THE	\$ 72,935.73						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00					
17 AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.							
		The Hon	orable Evelina Orteg	a					
		Signature o	f Candidate or Officehol	lder					
AFFIX NO	TARY STAMP / SEAL AB	DVE							
Sworn to and subso	cribed before me, by the s	aid	, this the	day					
of	, 20, to co	ertify which, witness my hand and seal of office.							
Signature of office	er administering	Printed name of officer administering	Title of office	r administering oath					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

		C	OVER SHEET PG 3 3 of 8				
18 FILER NA Ortega, E	(Ethics Commission Filers)						
20 SCHEDUI NAME OF	SUBTOTAL AMOUNT						
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0.00					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.	SCHEDULE E: LOANS		\$				
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 8,550.00				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	\$					
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$					
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS					
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$				
12. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$ 1,000.00				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comn Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment									
1	Total pages Cabadula F1									
_	Total pages Schedule F1: Sch: 1/4 Rpt: 4/8	2 FILER NAME Ortega, Evelina (The Honorable) 3 Filer ID (Ethics Commission Filers) 00058818								
L.										
4	Date	5 Payee name								
L	08/10/2024	Allred Campaign, Collin								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$1,000.00	P.O. Box 601631								
		Dallas, TX 75360								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.								
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense								
		Campaign Contribution								
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/O	1								
Т	Date	Payee name								
	08/16/2024	Campos Lopez Campaign, Fabiola								
\vdash	Amount (\$)	Payee address; City; State; Zip Code								
	\$200.00	P.O. Box 71322								
	Ψ200.00	1.0. Dox 12022								
		El Dogo TV 70017								
		El Paso, TX 79917								
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense								
		Campaign Contribution								
		Sumpaign Continuation								
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/O									
\vdash	Data									
	Date	Payee name								
	10/04/2024	Chavez Campaign, Alejandra								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$250.00	6305 Franklin Red Dr.								
		El Paso, TX 79912								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Contributions/Donations Made By								
	EXPENDITURE	Candidate/Officeholder/Political Committee								
		Campaign Contribution								
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held								
	experiorale to belieff C/Of	1								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Co

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 2/4 Rpt: 5/8	Ortega, Evelina (The Honorable) 00058818					
4	Date	5 Payee name					
	11/20/2024	Chavez Campaign, Alejandra					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$200.00	6305 Franklin Red Dr.					
		El Paso, TX 79912					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Contributions/Donations Made By					
		Candidate/Officeholder/Political Committee Campaign Contribution					
		Campaign Continuation					
Ļ	Commission ONII V if dispost	Condidate/Officeholder name					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
F	Date	Payee name					
	07/15/2024	El Paso Community Foundation					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$2,000.00	P.O. Box 272					
		El Paso, TX 79943					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Contributions/Donations Made By Condidate (Office helder/Delitical Committee) Check if travel outside of Texas. Complete Schedule T. Check if Austin TX office helder living expense.					
	Candidate/Officeholder/Political Committee						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O	"					
	Date	Payee name					
	11/06/2024	El Paso Community Foundation					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$1,700.00	P.O. Box 272					
		El Paso, TX 79943					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.					
		Candidate/Officeholder/Political Committee					
		Community in School Event					
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·					
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment		mmittee I	Legal Services			/ages	/Contract Labor		OTHER (enter a	category not listed above)	
	·			The Instruction Gu	iide explains ho	ow to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Fi	iers)
	Sch: 3/4 Rpt: 6/8		Ortega, Eve	lina (The Honor	able)					00058818		
4	Date	5	Payee name									
	10/11/2024		El Paso Cou	nty Democratio	Party							
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	de					
	\$2,000.00		1401 Montai	na Ave								
			Suite C									
			El Paso, TX	79902								
8	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this sched	dule)	(b)	Description				
	OF EXPENDITURE	Contributions/Donations Made By							•			
			Candidate/C	officeholder/Poli	tical Commit	ttee		Donation	, TX,	officeholder living	g expense	
								Donation				
9	Complete ONLY if direct	<u> </u>	Candidate/Offic	eholder name	Off	fice sou	aht			Office h	ald.	
ľ	expenditure to benefit C/OI		Janaidate/Offic	onologi Hame	Oli	nec sou	9111			Office III	J. G.	
\vdash	Date	Г	Payee name									
	10/19/2024		•	enthood of Gre	ater Texas							
	Amount (\$)	H	Payee addres			Zip Co	de					
	\$300.00		7424 Green		O tato,	p 00						
	4000.00		Ste. 206									
				75001								
			Dallas , TX 7									
	PURPOSE OF	(a)		e Categories listed at th		dule)	(b)	Description		d4.T O	unlada Caleadula T	
	EXPENDITURE			s/Donations Ma Officeholder/Poli	,	too		_		officeholder living	plete Schedule T. a expense	
			Carididate/C	/ilicerioldel/Foli	licai Commi			Event Donation		•	,p	
	Complete ONLY if direct		Candidate/Offic	eholder name	Off	fice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	08/16/2024		Plesa Camp	aign, Mihaela								
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	de					
	\$500.00		P. O. Box 79	96311								
			Dallas, TX 7	5248								
	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this sched	dule)	(b)	Description				
	OF EXPENDITURE		Contribution	s/Donations Ma	ıde By						plete Schedule T.	
	LAI LINDITORE		Candidate/C	fficeholder/Poli	tical Commit	ttee				officeholder living	g expense	
								Campaign Co	ontr	ibution		
	Complete ONLY if direct	Ļ	Candidata/Offic	oholdor nama		fine co:	abt			Office	ald	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	enoluer name	Off	fice sou	ynt			Office h	ziu -	
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Magne/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (outpers extrapply not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee Leg	Awards/Memorials E al Services e Instruction Guid			ages.	/Contract Labor		Travel Out of Dis OTHER (enter a	etrict category not listed abov	/e)
1	Total pages Schedule F1: Sch: 4/4 Rpt: 7/8	I	FILER NAME Ortega, Evelina	a (The Honora	ble)					Filer ID 00058818	(Ethics Commissio	n Filers)
4	Date 10/11/2024		Payee name Trejo Campaig	n, Cynthia								
6	Amount (\$) \$200.00		Payee address; P.O. Box 9728 El Paso, TX 79		State;	Zip Co	de					
8	PURPOSE	├	Category (See C		ton of this act	adula)	(b)	Description				
-	OF EXPENDITURE		Candidate/Offi	Donations Mad	le By	ĺ		Check if travel o	TX,	de of Texas. Composition officeholder living ibution		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		Candidate/Officeh	older name	C	Office sou	ght			Office he	eld	
	Date		Payee name									
	11/20/2024	'	Trejo Campaig	n, Cynthia								
	Amount (\$) \$200.00	I	Payee address; P.O. Box 9728	City; 64	State;	Zip Co	de					
		_	El Paso, TX 79									
	PURPOSE OF EXPENDITURE		Category (See C Contributions/I Candidate/Offi	Donations Mad	le Ву	,		ш	TX,	de of Texas. Compostice of the composition in the composition is a second contract of the composition of the		
	Complete ONLY if direct expenditure to benefit C/Oh		andidate/Officeh	older name	C	Office sou	ght			Office he	eld	

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 8/8 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Ortega, Evelina (The Honorable) 00058818 5 Name of person from whom amount is received 8 Amount (\$) 07/10/2024 \$1,000.00 Allred for Senate, Colin 6 Address of person from whom amount is received; City; State; Zip Code Dallas, TX 75360 7 Purpose for which amount is received Check if political contribution returned to filer